

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

04-006

2. STATE:

Nebraska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

January 1, 2005

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2005 \$ 0b. FFY 2006 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 2.6-A Supplement 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Att. 2.6-A Supplement 6

10. SUBJECT OF AMENDMENT:

Eligibility

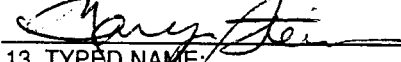
11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Governor has waived review

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Mary Steiner

14. TITLE:

Interim Administrator

15. DATE SUBMITTED:

December 9, 2005

16. RETURN TO:

Margaret Booth
HHS - F&S
301 Centennial Mall South
Lincoln, Nebraska 68509**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 10, 2004

18. DATE APPROVED:

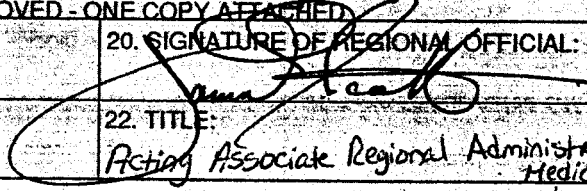
January 26, 2005

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2005

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

James G. Scott

22. TITLE:

Acting Associate Regional Administrator for
Medicaid & Children's
Health

23. REMARKS:

04 DEC 00 AM 11:13
REGION VII
CMS-DMSO

State Nebraska

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered By Federal/State	Net Income Level		Income Disregards Employed
		One Person	Couple	
(1)	(2)	(3)	(4)	(5)
Available to all aged, blind and disabled individuals with varying payment levels dependent on the following living arrangements:	State			SSI Standards
Own or rent a home	State	\$361 \$227*	\$583 \$291*	
Patient in a nursing home, regional center, state institution for the mentally retarded, or receiving chronic or convalescent hospital care	State	\$50	\$100	
In room and board situation (not licensed home) or boarding home (licensed or unlicensed if board and room is provided)	State	\$506	\$1012	
In certified adult family home	State	\$737	\$1,474	
In licensed assisted living facility In licensed mental health center	State	\$1,017	\$2,034	
Assisted Living Waiver	State	\$579	\$1,158	
In licensed group home for children and/or child caring agency	State	\$673	\$1,346	
In licensed centers for the developmentally disabled	State	\$576	\$1,152	

*Maximum for shelter allowance

Transmittal # MS-04-06

Supersedes

Approved

JAN 26 2005

Effective

JAN 01 2005

Transmittal # MS-04-01